

As the below named inventor(s), I/we declare that:

PTO/SB/01A (10-00)
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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| This declaration is directed to: | | | | | |
|---|--|--|--|--|--|
| | The attached application, or Application No10/672,449, filed on09/26/2003, as amended on10/24/2003(if applicable); | | | | |
| I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; | | | | | |
| I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; | | | | | |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and | | | | | |
| All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. | | | | | |
| jeopardize the validity | of the application of any patent issuing thereon. | | | | |
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| FULL NAME OF INVE | NTOR(S) lo Mele | | | | |
| FULL NAME OF INVE Inventor one: Camil Signature: | NTOR(S) lo Mele | | | | |
| FULL NAME OF INVE Inventor one: Signature: Inventor two: | NTOR(S) Io Mele Augull Mull Citizen of: US | | | | |
| FULL NAME OF INVE Inventor one: Signature: Inventor two: Signature: | NTOR(S) No Mele Citizen of: Citizen of: | | | | |
| FULL NAME OF INVE Inventor one: Signature: Inventor two: Signature: Inventor three: | NTOR(S) No Mele Citizen of: Citizen of: | | | | |
| FULL NAME OF INVE Inventor one: Signature: Inventor two: Signature: Inventor three: Signature: | NTOR(S) No Mele Citizen of: Citizen of: Citizen of: | | | | |

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 10/672,449 | | | |
|------------------------|---|--|--|--|
| Filing Date | 09/26/2003 | | | |
| First Named Inventor | Camillo Mele | | | |
| Title | METHOD OF MAKING A DECORATIVE ARRANGEMENT | | | |
| Group Art Unit | | | | |
| Examiner Name | | | | |
| Attorney Docket Number | 133569-00011-1 | | | |

| Practitioners at Customer Number OR Practitioner(s) named below: Name | I hereby appoint: | | | | | | |
|---|---|--------------------|----------------------|-------------------|-----------------|--|--|
| Address City County Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Note: Signatures of all the inventors of assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | OR | | 003705 | □ → | Number Bar Code | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Camillo Mele Signature Date NOTE: Signatures of all the inventors of assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | · | Registra | ation Number | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number I Firm or Individual Name Address Address City Country Telephone I am the: V Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Camillo Mela Signature Date NOTE: Signatures of all the inventors or assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
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| The above-mentioned Customer Number. OR Practitioners at Customer Number | | | | | | | |
| Practitioners at Customer Number Place Customer Number Bar Code Label here Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Camillo Mele Signature Date NOTE: Signatures of all the inventors of assignées of récord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Please change the corre | espondence address | for the above-identi | ified application | n to: | | |
| Practitioners at Customer Number OR Firm or Individual Name | | ned Customer Numbe | er. · - | - | | | |
| OR Label here | | ntomor Number | | | | | |
| Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Camillo Mela Signature Date NOTE: Signatures of all the inventors of assignées of récord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
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| Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Camillo Mels Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
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| Name Signature Date NOTE: Signatures of all the inventors or assignées of récord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| Name Signature Date NOTE: Signatures of all the inventors or assignées of récord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Signature Date NOTE: Signatures of all the inventors or assignées of récord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | Name Camillo | | | | | | |
| Date NOTE: Signatures of all the inventors or assignées of récord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | amillo MOOR 1 | | | | | |
| forms if more than one signature is required, see below*. | Date 1/25/04 | | | | | | |
| | NOTE: Signatures of all the inventors or assignées of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | |
| Total of 1forms are submitted. | | | | | | | |

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